



City of South Amboy

140 North Broadway • South Amboy, New Jersey 08879

Phone: (732) 727-4600 Fax: (732) 727-6139

TEMPORARY OUTDOOR RESTAURANT SEATING APPLICATION

Business Name: _____
Address: _____
Telephone #: _____

Applicant/Business Owner (print name and signature): _____
Address: _____
Telephone #: _____

Property Owner (print name and signature): _____
Address: _____
Telephone #: _____

Emergency Contact: _____
Telephone #: _____

Applications are currently being accepted but approvals cannot be granted until an official Executive Order has been signed by Governor Murphy.

Begin and End Date of Outdoor Seating: Date of Temporary Application Approval to September 15, 2020.

Hours of Operation for Outdoor Seating Area: Noon to 8PM.

The following items must be included with the application:

1. Survey or plot plan showing location, size, and number of tables and chairs. Area cannot exceed 1,000 sf.
2. Diagram of outdoor seating with measurements exhibiting proper social distancing guidelines as determined by Executive Order.
3. **No fee is required.**
4. If outdoor seating to be located within a private parking lot, safety bollards or similar must be provided as shown on the marked up survey, plot plan, or diagram.
5. If outdoor seating to be located within public City sidewalk, must provide minimum 4' wide sidewalk access for pedestrians and submit additional insurance requirements naming the City as the Certificate Holder.
6. All applicants are responsible for verifying that their liquor license permits the serving of alcohol outdoors.

For Official Use Only

Zoning Officer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature and Date	_____
Chief of Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature and Date	_____
Building Dept.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature and Date	_____
Health Dept.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature and Date	_____

Comments from above officials:

Application Received by: _____ Date Received: _____